



**McComb Recreation Department**  
**Summer Gymnastics Camp**  
**June 13-17, 2016**  
**FEE: \$45.00**  
**Class times to be announced**



Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Participant's Cell \_\_\_\_\_

Do you have health insurance: Y\_\_\_ N\_\_\_ (Name of Insurance) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
List any medical problems that may limit physical activity.

**RELEASE BY PARENT OR GUARDIAN**

I \_\_\_\_\_, AM THE NATURAL PARENT AND/OR GUARDIAN OF THE MINOR CHILD \_\_\_\_\_  
PARENT CHILD  
WHOSE BIRTHDAY IS \_\_\_\_\_. BY VIRTUE OF AND IN THE CITY OF McCOMB AND ITS DEPARTMENT OF  
BIRTH DATE  
RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO  
WIT:

**GYMNASTICS**

I DO HEREBY, ON BEHALF OF MY MINOR CHILD, RELEASE SAID CITY AND DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A RECREATIONAL ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID CITY AND DEPARTMENT. I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR MY CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER WHILE PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL ACTIVITIES. I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS TERMS.

I ALSO AGREE TO ALLOW SAID CHILD TO BE INCLUDED IN PHOTOGRAPHY/VIDEOGRAPHY FOR THE PROMOTION AND/OR PUBLICITY FOR THE McCOMB RECREATION DEPARTMENT/CITY OF McCOMB.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**For Official Use**

Fee Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Verified By \_\_\_\_\_